

## SCAR Creation (Walkthrough)

E-SCARS is designed to allow submission of SCARs from Child Welfare Services Case Management System (CWS/CMS) application for cross reporting to law enforcement agency without any additional data entry. There are fields that come with the SCARs when they are generated. In order to capture the fields that come with a SCAR two additional buttons have been created for the purpose of copying and pasting it to a Hot Cross Report. These two buttons are used in place of the normal copying and pasting of a SCAR to a Hot Cross Report that is currently done by Hotline CSWs. The following instructions explain how the buttons work:

### A. This process starts after the referral is already in CWS/CMS.

**Client Services - [Referral [Escars Test Referral2]]**

File Edit Search Action Associated Attach/Detach Window Help Toolz

Summary ID Reporter Assignment Spec Proj

**Identification and Common Address**

**Referral Identification**

Date: 12/04/2008 Time: 03:21pm Referral Name: Escars Test Referral2

Screener: Sanford, Kathy Report Method: In-Person

**Common Address**

Street No.: 3075 Street Name: Wilshire Blvd

City: Los Angeles State: California ZIP: 90010 ZIP Ext: Phone: (213) 639-4500 Ext:

County: Los Angeles  Homeless Location of Children:

Address Comment:

**Screener Alerts**

This is a test referral for escars.

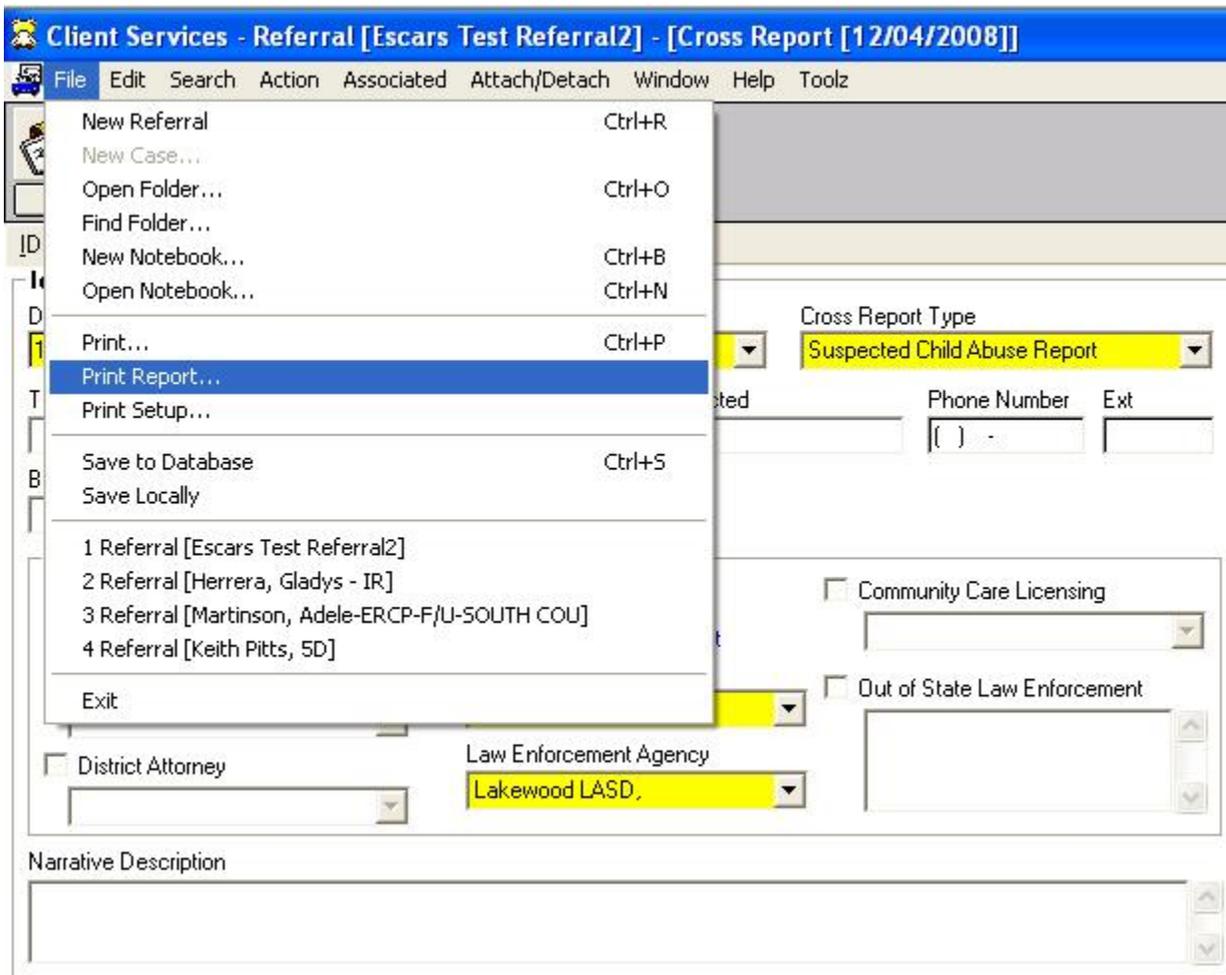
**DOJ Grievance Request**

Request Date	Resolution Date	Outcome	Filed By

Ready Referral [Escars Test Referral2]

- Referral Management Section (starting point)



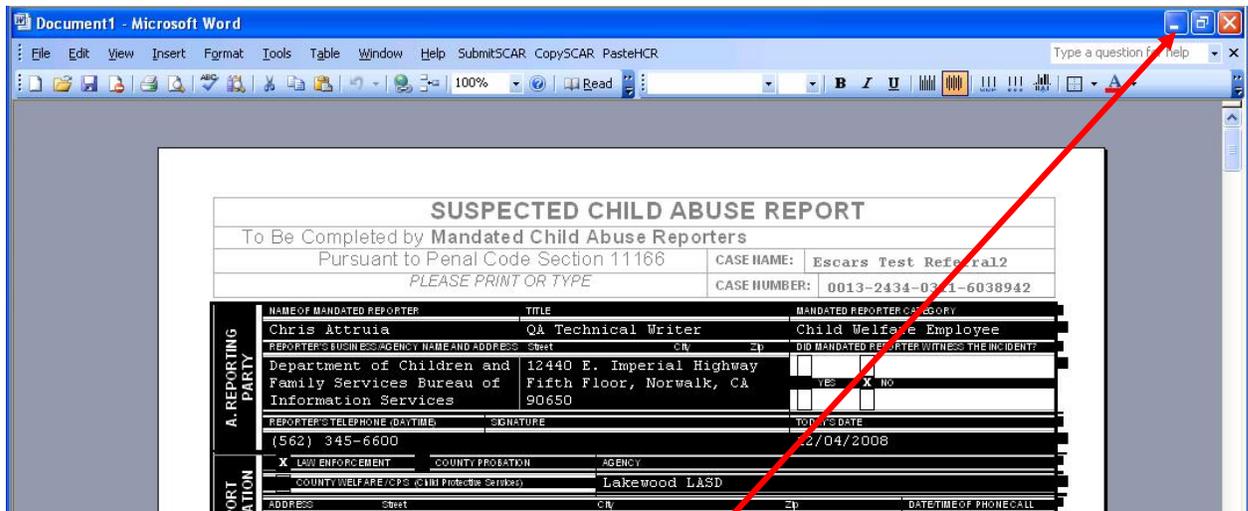


- Select: File → Print Report
- Create a new SCAR

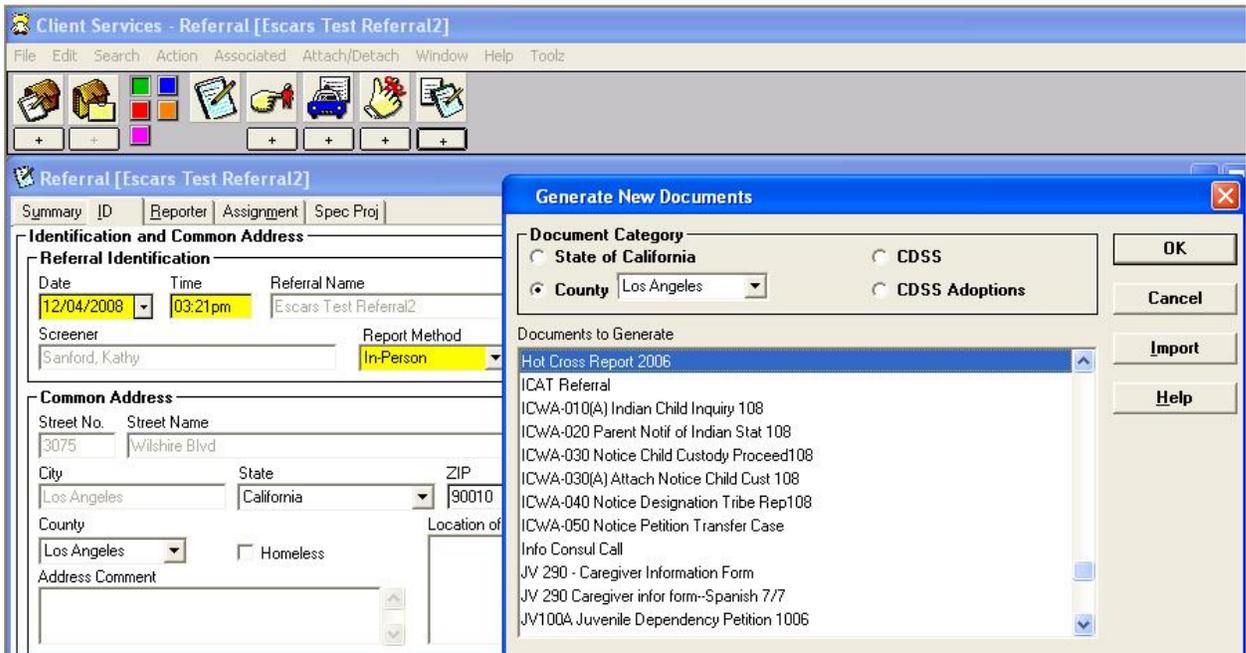


SUSPECTED CHILD ABUSE REPORT			
To Be Completed by Mandated Child Abuse Reporters			
Pursuant to Penal Code Section 11166		CASE NAME:	Escars Test Referral2
PLEASE PRINT OR TYPE		CASE NUMBER:	0013-2434-0311-6038942
A. REPORTING PARTY	NAME OF MANDATED REPORTER	TITLE	MANDATED REPORTER CATEGORY
	Kimberly Tran	Sr. Information Systems Analyst	Child Welfare Employee
	REPORTER'S BUSINESS/AGENCY NAME AND ADDRESS	Street City Zip	DID MANDATED REPORTER WITNESS THE INCIDENT?
	Department of Children and Family Services Bureau of Information Services	12440 E. Imperial Highway Fifth Floor, Norwalk, CA 90650	YES NO <input checked="" type="checkbox"/>
REPORTER'S TELEPHONE (DAYTIME)	SIGNATURE	TODAY'S DATE	
(562) 345-6618		12/04/2008	
B. REPORT NOTIFICATION	<input checked="" type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> COUNTY PROBATION	AGENCY	
	<input type="checkbox"/> COUNTY WELFARE/CPS (CIMI Protective Services)	Lakewood LASD	
	ADDRESS Street City Zip	DATE/TIME OF PHONECALL	
5130 N. Clark Avenue, Lakewood, CA 90712	12/04/2008 04:03 pm		
OFFICIAL CONTACTED - TITLE		TELEPHONE	
C. VICTIM (not per victim)	NAME (LAST, FIRST, MIDDLE)	BIRTHDATE OR APPROX. AGE	SEX ETHNICITY
	Escar2, Newborn	12/03/2008	F White
	ADDRESS Street City Zip	TELEPHONE	
	3075 Wilshire Blvd newborn, Los Angeles, CA 90010	(213) 639-4500	
	PRESENT LOCATION OF VICTIM	SCHOOL	CLASS GRADE
PHYSICALLY DISABLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DEVELOPMENTALLY DISABLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	OTHER DISABILITY (SPECIFY)	
		PRIMARY LANGUAGE SPOKEN IN HOME	
		English	

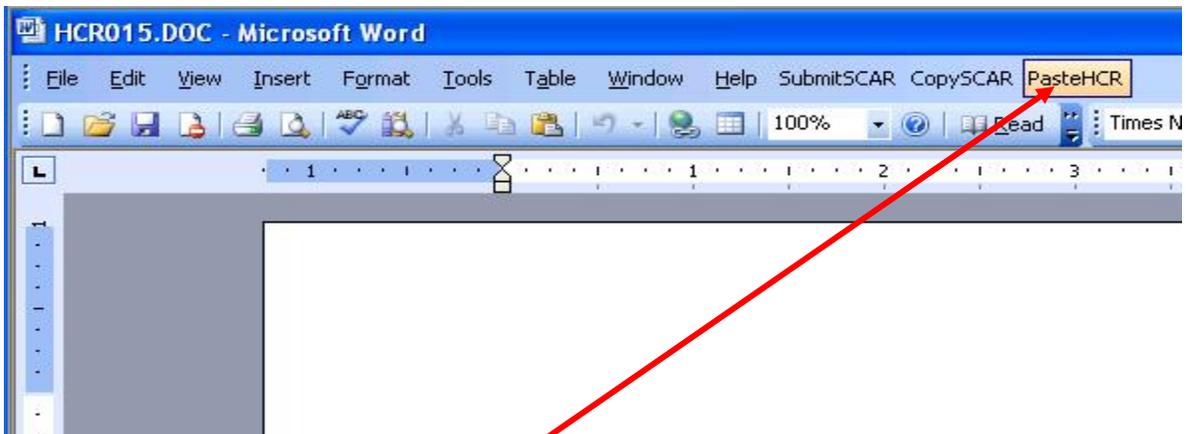
- Click Copy SCAR



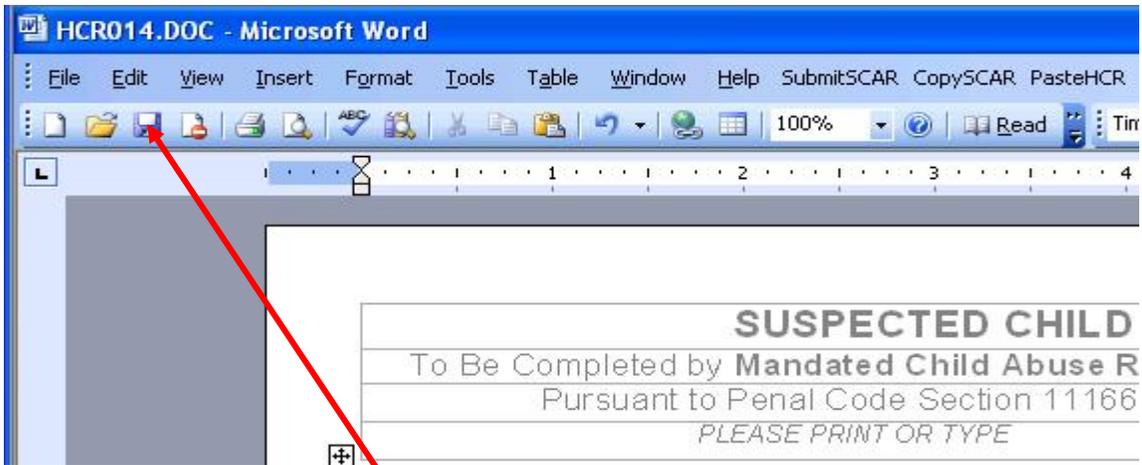
- Minimize Microsoft Word Window



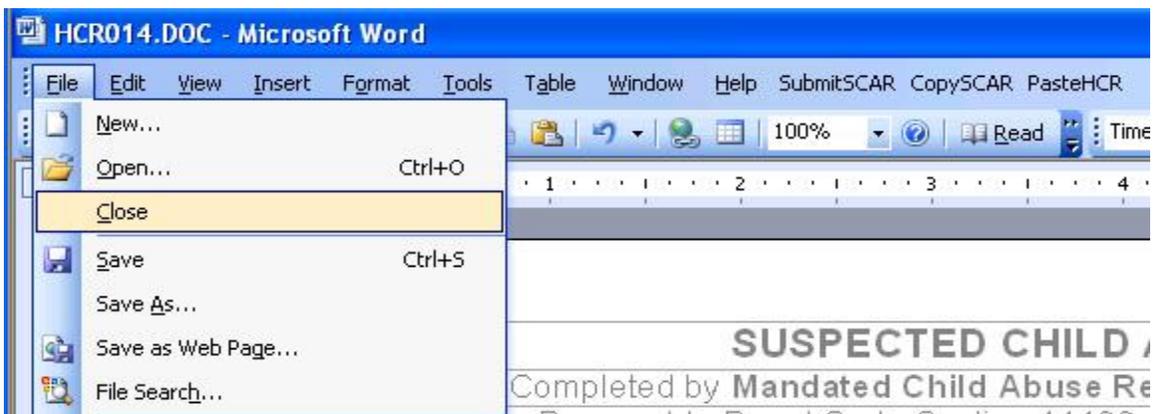
- Create a new Hot Cross Report



- Click Paste HCR



- Click Save (Icon)



- Click File → Close